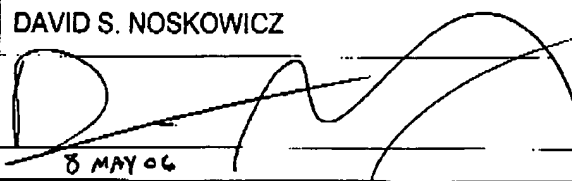


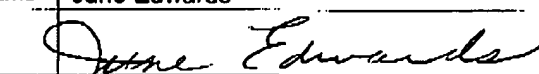
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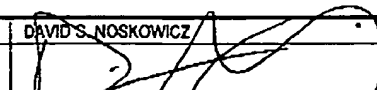
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/680,681	
	Filing Date	OCTOBER 7, 2003	
	First Named Inventor	KUCHIBHOTLA, ET AL.	
	Group Art Unit	2686	
	Examiner Name	MEHRPOUR, NAGHMEH	
Total Number of Pages in this Submission	15	Attorney Docket Number	CS23736RL

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE <input type="checkbox"/> Copy of Notice to File Missing Parts
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	DAVID S. NOSKOWICZ	Registration No.	55,503
Signature			
Date	8 MAY 06		

CERTIFICATE OF TRANSMITTAL/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to facsimile number 571-273-8300 or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:	
Typed or printed name	June Edwards
Signature	
Date	May 8, 2006

MAY 08 2006

FEE TRANSMITTAL				Complete if Known	
Patent fees are subject to annual revision				Application Number	10/680,681
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Filing Date	OCTOBER 7, 2003
				First Named Inventor	KUCHIBHOTLA, ET AL.
				Examiner Name	MEHRPOUR, NAGHMEH
				Group Art Unit	2686
TOTAL AMOUNT OF PAYMENT (\$)				Attorney Docket No.	CS23736RL
TOTAL AMOUNT OF PAYMENT (\$)				(\$)	
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)	
Check	<input type="checkbox"/>	Credit card	<input type="checkbox"/>	Money Order	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	Other	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	None	<input type="checkbox"/>
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 502117 Deposit Account Name: Motorola, Inc. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.				4. ADDITIONAL FEES	
FEE CALCULATION				FEE CALCULATION (continued)	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES				FEE CALCULATION (continued)	
Application Type	Filing Fees	Search Fees	Examination Fees		
Utility	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Design	300	150	500	250	100
Plant	200	100	300	150	80
Reissue	300	150	500	250	300
Provisional	200	100	0	0	0
2. EXTRA CLAIM FEES				FEE CALCULATION (continued)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent				Fee (\$)	Small Entity Fee (\$)
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				50	25
Multiple Dependent Claims				200	100
				350	180
Total Claims				Fee (\$)	Fee Paid (\$)
- 20 or HP =				350	
HP = highest number of total claims paid for, if greater than 3					
Indep. Claims				Fee (\$)	Fee Paid (\$)
- 3 or HP =				200	
3. APPLICATION SIZE FEE				FEE CALCULATION (continued)	
If the specification and drawings exceed 100 sheets of paper, the application size fee is \$250 (\$125 for small entity)					
For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	
- 100 =	150 =	(round up to a whole number)	250		
5. OTHER FEE(S) (specify)				FEE CALCULATION (continued)	
Non-English Specification, \$130 fee (no small entity discount)					
				Fee Paid (\$)	
SUBMITTED BY				FEE CALCULATION (continued)	
Name (Print/Type)	DAVID S. NOSKOWICZ			Registration No.	55,503
Signature				Telephone	847-523-2333
				Date	8 MAY 06